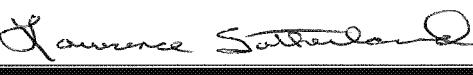


Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM <b>1</b> GENERAL	 <p style="text-align: center;"><b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b>  <b>GENERAL INFORMATION</b>  <i>Consolidated Permits Program</i>  <i>(Read the "General Instructions" before starting.)</i></p>																													
<b>LABEL ITEMS</b>  <b>I. EPA I.D. NUMBER</b>  <b>III. FACILITY NAME</b>  <b>V. FACILITY MAILING ADDRESS</b>  <b>VI. FACILITY LOCATION</b>		<b>PLEASE PLACE LABEL IN THIS SPACE</b>																												
		<b>I. EPA I.D. NUMBER</b> <table border="1" style="width: 100%;"> <tr> <td>S</td> <td>MND000823997</td> <td>T/A</td> <td>C</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td>D</td> </tr> <tr> <td>1</td> <td>2</td> <td>13</td> <td>14</td> </tr> <tr> <td></td> <td></td> <td>15</td> <td></td> </tr> </table>		S	MND000823997	T/A	C	F			D	1	2	13	14			15												
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		<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent ( <i>the area to the left of the label space lists the information that should appear</i> ), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except <i>VI-B which must be completed regardless</i> ). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.																												
<b>II. POLLUTANT CHARACTERISTICS</b>																														
<b>INSTRUCTIONS:</b> Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.																														
<b>SPECIFIC QUESTIONS</b>		<b>Mark "X"</b>																												
		YES	NO	FORM ATTACHED																										
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		<input checked="" type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18																												
B. Does or will this facility ( <i>either existing or proposed</i> ) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)																														
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		<input checked="" type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24																												
D. Is this a proposed facility ( <i>other than those described in A or B above</i> ) which will result in a discharge to waters of the U.S.? (FORM 2D)																														
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		<input checked="" type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30																												
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)																														
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		<input checked="" type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36																												
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)																														
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		<input checked="" type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42																												
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)																														
<b>III. NAME OF FACILITY</b>																														
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<b>VII. SIC CODES (4-digit, in order of priority)</b>																																																																																																															
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<b>XI. MAP</b>																																																																																																															
<p>Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.</p>																																																																																																															
<b>XII. NATURE OF BUSINESS (provide a brief description)</b>																																																																																																															
<p>U. S. Steel Minntac mines crude magnetic taconite for its processing plant which crushes, concentrates, and agglomerates the taconite into standard or flux pellets which are shipped to steel mills as blast furnace feed.</p>																																																																																																															
<b>XIII. CERTIFICATION (see instructions)</b>																																																																																																															
<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</p>																																																																																																															
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Lawrence Sutherland, General Manager, Minnesota Ore Operations												June 2, 2014																																																																																																			
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Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form I)
MND000823997

Form Approved.  
OMB No. 2040-0086.  
Approval expires 3-31-98.

FORM <b>2C</b> NPDES		U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS <i>Consolidated Permits Program</i>						
I. OUTFALL LOCATION								
For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.								
A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)	
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.		
SD001	47.00	36.00	0.00	92.00	40.00	45.00	Dark River	
II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES								
<p>A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.</p> <p>B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.</p>								
1. OUT- FALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW			3. TREATMENT				
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION			b. LIST CODES FROM TABLE 2C-1		
SD001	Stormwater & Runoff	85 gpm (total at outfall for all sources)	Sedimentation			1	U	
	Fine Tailings Slurry		Permanent disposal of fine tails in basin			1	U	
	Process Water for Reuse		Sedimentation			1	U	
	Wastewater Treatment Plant		Treat prior to discharge to basin			3	A	
SD001 (cont)	Lab Water Discharge		Neutralization			2	K	
OFFICIAL USE ONLY (effluent guidelines sub-categories)								

CONTINUED FROM THE FRONT

<p>C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?</p> <p><input type="checkbox"/> YES (complete the following table)      <input checked="" type="checkbox"/> NO (go to Section III)</p>								
1. OUTFALL NUMBER (list)	2. OPERATION(s) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		C. DURATION (in days)
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
<b>III. PRODUCTION</b>								
<p>A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?</p> <p><input checked="" type="checkbox"/> YES (complete Item III-B)      <input type="checkbox"/> NO (go to Section IV)</p>								
<p>B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?</p> <p><input type="checkbox"/> YES (complete Item III-C)      <input checked="" type="checkbox"/> NO (go to Section IV)</p>								
<p>C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.</p>								
1. AVERAGE DAILY PRODUCTION						2. AFFECTED OUTFALLS (list outfall numbers)		
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)						
<b>IV. IMPROVEMENTS</b>								
<p>A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.</p> <p><input checked="" type="checkbox"/> YES (complete the following table)      <input type="checkbox"/> NO (go to Item IV-B)</p>								
1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT			4. FINAL COMPLIANCE DATE		
	a. NO.	b. SOURCE OF DISCHARGE				a. REQUIRED	b. PROJECTED	
June 9, 2011 Schedule of Compliance								
<p>B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.</p> <p><input type="checkbox"/> MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED</p>								

CONTINUED FROM PAGE 2

EPA I.D. NUMBER ( <i>copy from Item 1 of Form I</i> )
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**V. INTAKE AND EFFLUENT CHARACTERISTICS**

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.  
 NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
See listed pollutants in 2C forms attached	Believed to originate from raw material and additives used to produce taconite pellets		

**VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS**

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

YES (*list all such pollutants below*)       NO (*go to Item VI-B*)

## CONTINUED FROM THE FRONT

## VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

YES (identify the test(s) and describe their purposes below)

NO (go to Section VIII)

As required by NPDES/SDS Permit No. MN0057207, U. S. Steel conducts acute toxicity testing on fathead minnows using effluent from the Concentrator (WS006/WS007) on a semi-annual basis

## VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
Pace Analytical Services, Ind.	315 Chestnut Street, Virginia, MN 55792	218-742-1042	All except surfactants
Minnesota Valley Testing Laboratories, Inc.	1126 North Front Street, New Ulm, MN 56703	800-782-3557	Surfactants

## IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)	B. PHONE NO. (area code & no.)
Lawrence Sutherland, General Manager, MN Ore Operations	(218) 749-7593
C. SIGNATURE	D. DATE SIGNED
	JUNE 3, 2014

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.  
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

	1. POLLUTANT	2. EFFLUENT		3. UNITS (specify if blank)		4. INTAKE (optional)	
		a. MAXIMUM DAILY VALUE ( <i>if available</i> )	b. MAXIMUM 30 DAY VALUE ( <i>if available</i> )	c. LONG TERM AVRG. VALUE ( <i>if available</i> )	d. NO. OF ANALYSES	a. CONCENTRATION ( <sup>(1)</sup> ) MASS ( <sup>(2)</sup> ) CONCENTRATION	b. MASS ( <sup>(1)</sup> ) CONCENTRATION ( <sup>(2)</sup> ) MASS
a. Biochemical Oxygen Demand ( <i>BOD</i> )	<2 . 4	(1) CONCENTRATION (2) MASS	(1) CONCENTRATION (2) MASS	(1) CONCENTRATION (2) MASS	1	mg/L	
b. Chemical Oxygen Demand ( <i>COD</i> )	15 . 4				1	mg/L	
c. Total Organic Carbon ( <i>TOC</i> )	1 . 7				1	mg/L	
d. Total Suspended Solids ( <i>TSS</i> )	<1 . 0				1	mg/L	
e. Ammonia ( <i>as N</i> )	0 . 027				1	mg/L	
f. Flow	VALUE 83 . 5	VALUE	VALUE	VALUE	1	gpm	VALUE
g. Temperature ( <i>winter</i> )	8 . 6	VALUE	VALUE	VALUE	1	°C	VALUE
h. Temperature ( <i>summer</i> )	VALUE	VALUE	VALUE	VALUE		°C	VALUE
i. pH	MINIMUM 7 . 1	MAXIMUM 7 . 1	MINIMUM MAXIMUM 7 . 1	MAXIMUM STANDARD UNITS	1		
PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2-a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.							
1. POLLUTANT AND CAS NO ( <i>if available</i> )	2. MARK "X"	3. EFFLUENT		4. UNITS		5. INTAKE (optional)	
		a. BELIEVED PRESENT	b. BELIEVED ABSENT	b. MAXIMUM DAILY VALUE ( <sup>(1)</sup> CONCENTRATION ( <sup>(2)</sup> MASS)	b. MAXIMUM 30 DAY VALUE ( <i>if available</i> )	c. LONG TERM AVRG. VALUE ( <i>if available</i> )	a. LONG TERM AVERAGE VALUE  b. NO. OF ANALYSES
a. Bromide (24856-67-9)	X		0 . 85	(1) CONCENTRATION (2) MASS	(1) CONCENTRATION (2) MASS	(1) CONCENTRATION (2) MASS	d. NO. OF ANALYSES
b. Chlorine, Total Residual	X		5 . 0				1
c. Color	X					1	units
d. Fecal Coliform	X						
e. Fluoride (16984-48-8)	X		1 . 4			1	mg/L
f. Nitrate-Nitrite ( <i>as N</i> )	X		3 . 6			1	mg/L

## ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"	3. EFFLUENT				4. UNITS				5. INTAKE (optional)			
		a. MAXIMUM DAILY VALUE CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) ( <sup>1</sup> ) ( <sup>2</sup> ) MASS	c. LONG TERM AVERAGE VALUE CONCENTRATION	d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE ( <sup>1</sup> ) ( <sup>2</sup> ) MASS	b. NO. OF ANALYSES				
g. Nitrogen, Total Organic (as N)	X	<1.0						1	mg/L				
h. Oil and Grease	X												
i. Phosphorus (as P), Total (7723-14-0)	X	0.0020						1	mg/L				
j. Radioactivity													
(1) Alpha, Total	X												
(2) Beta, Total	X												
(3) Radium, Total	X												
(4) Radium 226, Total	X												
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	X	1060						1	mg/L				
l. Sulfide (as S)	X	<2.0						1	mg/L				
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)	X												
n. Surfactants	X	<0.04						1	mg/L				
o. Aluminum, Total (7429-90-5)	X	<5.6						1	ug/L				
p. Barium, Total (7440-39-3)	X	51.8						1	ug/L				
q. Boron, Total (7440-42-8)	X	270						1	ug/L				
r. Cobalt, Total (7440-48-4)	X	1.2						1	ug/L				
s. Iron, Total (7439-39-6)	X	296						1	ug/L				
t. Magnesium, Total (7439-95-4)	X	294						1	mg/L				
u. Molybdenum, Total (7439-38-7)	X	2.9						1	ug/L				
v. Manganese, Total (7439-36-5)	X	1.76						1	mg/L				
w. Tin, Total (7440-31-5)	X	0.030						1	ug/L				
x. Titanium, Total (7440-32-6)	X	<10.0						1	ug/L				

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
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CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you believe is present. Mark "X" in column 2-c for any pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	2. MARK "X"			3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
				a. MAXIMUM DAILY VALUE ( <sup>1</sup> )	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVRGE VALUE (if available)	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	(1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>															
1M. Antimony, Total (7440-36-0)		X		< 0 . 25							1	ug/L			
2M. Arsenic, Total (7440-38-2)		X		0 . 8 1							1	ug/L			
3M. Beryllium, Total (7440-41-7)		X		< 0 . 0 1 8							1	ug/L			
4M. Cadmium, Total (7440-43-9)		X		< 0 . 0 3 0							1	ug/L			
5M. Chromium, Total (7440-47-3)		X		< 0 . 2 6							1	ug/L			
6M. Copper, Total (7440-50-8)		X		3 . 2							1	ug/L			
7M. Lead, Total (7439-92-1)		X		< 0 . 0 2 8							1	ug/L			
8M. Mercury, Total (7439-97-6)		X		0 . 8 1							1	ng/L			
9M. Nickel, Total (7440-02-0)		X		1 . 3							1	ug/L			
10M. Selenium, Total (7782-48-2)		X		3 . 5							1	ug/L			
11M. Silver, Total (7440-22-4)		X		< 0 . 1 0							1	ug/L			
12M. Thallium, Total (7440-28-0)		X		0 . 1 0							1	ug/L			
13M. Zinc, Total (7440-66-6)		X		4 . 0							1	ug/L			
14M. Cyanide, Total (57-12-5)		X													
15M. Phenols, Total		X													
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)															
DESCRIBE RESULTS															

## CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"		3. EFFLUENT			4. UNITS			5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELOW ABSENT	a. MAXIMUM DAILY VALUE ( <sup>1</sup> )	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVERAGE VALUE (if available)	d. NO. OF ANALYSES	e. CONCENTRATION ( <sup>1</sup> )	f. MASS ( <sup>2</sup> )	g. CONCENTRATION ( <sup>1</sup> )	h. MASS ( <sup>2</sup> )	i. NO. OF ANALYSES
<b>GC/MS FRACTION - VOLATILE COMPOUNDS</b>												
1V. Acrolein (107-02-8)			X									
2V. Acrylonitrile (107-13-1)			X									
3V. Benzene (71-43-2)			X									
4V. Bis (Chloro-methyl) Ether (542-58-1)			X									
5V. Bromoform (75-25-2)			X									
6V. Carbon Tetra chloride (56-23-5)			X									
7V. Chlorobenzene (108-90-7)			X									
8V. Chlorodibromomethane (124-48-1)			X									
9V. Chloroethane (75-00-3)			X									
10V. 2-Chloroethylvinyl Ether (110-75-8)			X									
11V. Chloroform (67-66-3)			X									
12V. Dichlorobromomethane (75-27-4)			X									
13V. Dichlorodifluoromethane (75-71-8)			X									
14V. 1,1-Dichloroethane (75-34-3)			X									
15V. 1,2-Dichloroethane (107-06-2)			X									
16V. 1,1-Dichloroethylene (75-35-4)			X									
17V. 1,2-Dichloropropane (542-75-6)			X									
18V. 1,3-Dichloropropene (100-41-4)			X									
20V. Methyl Bromide (74-83-9)			X									
21V. Methyl Chloride (74-87-3)			X									

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"	3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
		a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	b. MAXIMUM DAILY VALUE (if available)	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCEN- TRATION (1) (2) MASS	b. MASS (1) (2) MASS
<b>GC/MS FRACTION – VOLATILE COMPOUNDS (continued)</b>										
22V. Methylene Chloride (75-09-2)			X							
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X							
24V. Tetrachloroethylene (127-18-4)			X							
25V. Toluene (108-88-3)			X							
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X							
27V. 1,1,1-Trichloroethane (71-15-6)			X							
28V. 1,1,2-Trichloroethane (79-00-5)			X							
29V. Trichloroethylene (79-01-6)			X							
30V. Trichlorofluoromethane (75-88-4)			X							
31V. Vinyl Chloride (75-01-4)			X							
<b>GC/MS FRACTION – ACID COMPOUNDS</b>										
1A. 2-Chlorophenol (95-57-8)			X							
2A. 2,4-Dichlorophenol (120-83-2)			X							
3A. 2,4-Dimethylphenol (105-67-9)			X							
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X							
5A. 2,4-Dinitrophenol (51-28-5)			X							
6A. 2-Nitrophenol (88-75-6)			X							
7A. 4-Nitrophenol (100-02-7)			X							
8A. P-Chloro-M-Cresol (59-50-7)			X							
9A. Pentachlorophenol (87-88-5)			X							
10A. Phenol (108-95-2)			X							
11A. 2,4,6-Trichlorophenol (88-05-2)			X							

## CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"	3. EFFLUENT			4. UNITS			5. INTAKE (optional)			
		a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	b. MAXIMUM DAILY VALUE ( <sup>1</sup> )	b. MAXIMUM 30 DAY VALUE ( <i>if available</i> )	c. LONG TERM AVRG. VALUE ( <i>if available</i> )	d. NO. OF ANALYSES	a. CONCENTRATION ( <sup>1</sup> )	b. MASS CONCENTRATION ( <sup>2</sup> )	a. LONG TERM AVERAGE VALUE ( <sup>1</sup> )
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS											
1B. Acenaphthene (83-32-9)			X								
2B. Acenaphthylene (203-96-8)			X								
3B. Anthracene (120-12-7)			X								
4B. Benzidine (92-87-5)			X								
5B. Benzo ( <i>a</i> ) Anthracene (56-55-3)			X								
6B. Benzo ( <i>a</i> ) Pyrene (50-32-8)			X								
7B. 3,4-Benzo- fluoranthene (205-98-2)			X								
8B. Benzo ( <i>ghi</i> ) Perylene (191-24-2)			X								
9B. Benzo ( <i>k</i> ) Fluoranthene (207-08-9)			X								
10B. Bis (2-Chloro- ethoxy) Methane (111-91-1)			X								
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)			X								
12B. Bis (2- Chloroisopropyl) Ether (102-80-1)			X								
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)			X								
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X								
15B. Butyl Benzyl Phthalate (85-68-7)			X								
16B. 2-Chloro- naphthalene (91-58-7)			X								
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)			X								
18B. Chrysene (21-80-9)			X								
19B. Dibenzo ( <i>a,h</i> ) Anthracene (53-70-3)			X								
20B. 1,2-Dichloro- benzene (95-50-1)			X								
21B. 1,3-Di-chloro- benzene (54-17-3-1)			X								

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION (2) MASS	c. LONG TERM AVERAGE VALUE (if available) (1) CONCENTRATION (2) MASS	a. CONCEN- TRATION (1) MASS	b. CONCEN- TRATION (2) MASS	a. NO. OF ANALYSES	b. NO. OF ANALYSES	a. LONG TERM AVERAGE VALUE (1) MASS	b. NO. OF ANALYSES
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)</b>												
22B. 1,4-Dichloro-benzene (108-46-7)		X										
23B. 3,3-Dichloro-benzidine (91-94-1)		X										
24B. Diethyl Phthalate (84-66-2)		X										
25B. Dimethyl Phthalate (131-11-3)		X										
26B. Di-N-Butyl Phthalate (84-74-2)		X										
27B. 2,4-Dinitrotoluene (121-14-2)		X										
28B. 2,6-Dinitrotoluene (606-20-2)		X										
29B. Di-N-Octyl Phthalate (117-84-0)		X										
30B. 1,2-Diphenylhydrazine (as 4-azobenzene) (122-66-7)		X										
31B. Fluoranthene (206-44-0)		X										
32B. Fluorene (86-73-7)		X										
33B. Hexachlorobenzene (118-74-1)		X										
34B. Hexachlorobutadiene (87-68-3)		X										
35B. Hexachlorocyclopentadiene (77-47-4)		X										
36B. Hexachloroethane (67-72-1)		X										
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)		X										
38B. Isophorone (78-59-1)		X										
39B. Naphthalene (91-20-3)		X										
40B. Nitrobenzene (98-95-3)		X										
41B. N-Nitrosodimethylamine (62-75-9)		X										
42B. N-Nitrosodi-N-Propylamine (621-64-7)		X										

## CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>		2. MARK "X"		3. EFFLUENT			4. UNITS			5. INTAKE <i>(optional)</i>		
a. TESTING REQUIRED	b. BELIEVED PRESENT	a. MAXIMUM DAILY VALUE <sup>(1)</sup>	b. MAXIMUM 30 DAY VALUE <i>(if available)</i>	c. BELIEVED ABSENT CONCENTRATION <sup>(1)</sup>	a. MAXIMUM DAILY VALUE <sup>(1)</sup>	b. MAXIMUM 30 DAY VALUE <i>(if available)</i>	c. LONG TERM AVERG. VALUE <sup>(1)</sup>	d. NO. OF ANALYSES	a. CONCEN- TRATION <sup>(1)</sup>	b. MASS CONCENTRATION <sup>(1)</sup>	a. LONG TERM AVERAGE VALUE <sup>(1)</sup>	b. NO. OF ANALYSES
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS <i>(continued)</i></b>												
43B. N-Nitroso-diphenylamine (86-30-6)		X										
44B. Phenanthrene (85-01-8)		X										
45B. Pyrene (129-00-0)		X										
46B. 1,2,4-Tri-chlorobenzene (120-82-1)		X										
<b>GC/MS FRACTION - PESTICIDES</b>												
1P. Aldrin (309-00-2)		X										
2P. $\alpha$ -BHC (319-84-6)		X										
3P. $\beta$ -BHC (319-85-7)		X										
4P. $\gamma$ -BHC (55-89-9)		X										
5P. $\delta$ -BHC (319-86-8)		X										
6P. Chlordane (57-74-9)		X										
7P. 4,4'-DDT (50-29-3)		X										
8P. 4,4'-DDE (72-55-9)		X										
9P. 4,4'-DDD (72-54-8)		X										
10P. Dieldrin (60-57-1)		X										
11P. $\alpha$ -Endosulfan (115-29-7)		X										
12P. $\beta$ -Endosulfan (115-29-7)		X										
13P. Endosulfan Sulfate (1031-07-8)		X										
14P. Endrin (72-20-8)		X										
15P. Endrin Aldehyde (7421-93-4)		X										
16P. Heptachlor (76-44-8)		X										

CONTINUED FROM PAGE V-8	2. MARK "X"												
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1. POLLUTANT AND CAS NUMBER (if available)	a. TESTING REQUIRED	b. PRESENT	c. BELIEVED ABSENT	3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
				a. MAXIMUM DAILY VALUE ( <sup>1</sup> )	b. MAXIMUM 30 DAY VALUE ( <i>if available</i> )	c. LONG TERM AVRG. VALUE ( <i>if available</i> )	d. NO. OF ANALYSES	e. CONCEN- TRATION ( <sup>1</sup> )	f. CONCENTRATION ( <sup>1</sup> )	g. LONG TERM AVERAGE VALUE ( <sup>1</sup> )	h. NO. OF ANALYSES	i. CONCEN- TRATION ( <sup>1</sup> )
<b>G/MS FRACTION - PESTICIDES (continued)</b>												
17P. Heptachlor Epoxyde (1024-57-3)			X									
18P. PCB-1242 (55469-21-9)			X									
19P. PCB-1254 (11097-69-1)			X									
20P. PCB-1221 (11104-28-2)			X									
21P. PCB-1232 (11141-16-5)			X									
22P. PCB-1248 (12672-29-6)			X									
23P. PCB-1260 (11096-82-5)			X									
24P. PCB-1016 (12674-11-2)			X									
25P. Toxaphene (8001-35-2)			X									